

**IDAPA 16
TITLE 07
CHAPTER 33**

16.07.33 - ADULT MENTAL HEALTH SERVICES

001. TITLE AND SCOPE.

01. Title. The title of these rules is, IDAPA 16.07.33, “Adult Mental Health Services.” (5-8-09)

02. Scope. (5-8-09)

a. This chapter defines the scope of ~~voluntary adult mental health services, administered under the Department’s Division of Behavioral Health, and describes the~~ eligibility criteria, application requirements, individualized treatment plan requirements, and appeal process ~~under these rules. This chapter is not intended to, and does not, establish an entitlement for or to receive adult mental health services, nor is it intended to be applicable to individuals ordered by the court to receive mental health services.~~ for the provision of adult mental health services administered under the Department’s Division of Behavioral Health. (5-8-09)

b. ~~————The priority population for this chapter is adult individuals, voluntarily seeking mental health services, who are residents of Idaho and have a primary diagnosis of serious and persistent mental illness. However, under certain circumstances, in accordance with the waiver provision in Section 400 of these rules, adult mental health services may be available to those who do not have a primary diagnosis of serious and persistent mental illness.~~ (5-8-09)

004. INCORPORATION BY REFERENCE.

American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, ~~Fourth~~ Fifth Edition, ~~Text Revision~~ (DSM- ~~IV-TR~~ 5) Washington, DC, American Psychiatric Association, 2000~~13~~, is hereby incorporated by reference under this chapter of rules. Copies of the manual are available from the American Psychiatric Association, ~~1400 K Street, N.W., Washington, DC, 20005~~ 1000 Wilson Boulevard, Suite 1825, Arlington, Va. 22209-3901. A copy of the manual is also available for public review at the Department of Health and Welfare, 450 West State Street, Boise, Idaho, 83702. (5-8-09)

010. DEFINITIONS—~~A THROUGH F.~~

For the purposes of these rules, the following terms are used as defined below: (5-8-09)

01. Adult. An individual eighteen (18) years of age or older. (5-8-09)

02. Adult Mental Health Services. Adult mental health services ~~include psychiatric clinical services, case management, individual therapy, group therapy, psychosocial rehabilitation (PSR), assertive community treatment (ACT), patient assistance program (PAP), benefit assistance, co-occurring disorders treatment, and pharmacological education. Mental health services do not include educational or vocational services related to traditional academic subjects or vocational training, experimental procedures, habilitation, or any other services which are primarily recreational or diversional in nature.~~ are listed under Section 301 of these rules. These services are provided in response to the mental health needs of adults eligible for services required in Title 39, Chapter 31, Idaho Code, the Regional Behavioral Health Service Act, and under Section 102 of these rules.

03. Applicant. An adult individual who is seeking mental health services through the Department who has completed, or had completed on his behalf, an application for mental health services. (5-8-09)

04. Assessment. The gathering of historical and current clinical information through a clinical interview and from other available resources to identify a client's mental health issues, strengths, and service needs.

05. Assertive Community Services. Comprehensive, intensive, and long-term rehabilitative services provided to clients who suffer from serious and persistent mental illness (SPMI) that have not benefited from traditional outpatient programs.

06. Behavioral Health. An integrated system for evaluation and treatment of mental health and substance use disorders.

07. Behavioral Health Center. State operated community based centers located in each of the seven (7) geographical regions of Idaho that provide or arrange for adult mental health services listed under Section 301 of these rules.

08. Case Management. A change-oriented service provided to clients that assures and coordinates the provision of an assessment, treatment planning, treatment and other services, protection, advocacy, review and reassessment, documentation, and timely closure of a case.

094. Client. A person receiving mental health services through the Department. The term "client" is synonymous with the following terms: patient, participant, resident, consumer, or recipient of treatment or services. (5-8-09)

0510. Clinical Judgment. Refers to observations and perceptions based upon education, experience, and clinical assessment. This may include psychometric, behavioral, and clinical interview assessments that are structured, integrated, and then used to reach decisions, individually or collectively, about an individual's functional, mental, and behavioral attributes and mental health service needs. (5-8-09)

0611. Clinical Necessity. Adult mental health services are deemed clinically necessary when the Department, in the exercise of clinical judgment, recommends services to an applicant for the purpose of evaluating, diagnosing, or treating a mental illness and that are: (5-8-09)

a. Clinically appropriate, in terms of type, frequency, extent, site, and duration, and considered effective for treating the applicant's mental illness; and (5-8-09)

b. Not primarily for the convenience of the applicant or service provider, not more costly than an alternative service or sequence of services, and at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the applicant's mental illness. (5-8-09)

0712. Clinical Team. A proposed client's clinical team may include: qualified clinicians, behavioral health professionals, professionals other than behavioral health professionals, behavioral health technicians, and any other individual deemed appropriate and necessary to ensure that the treatment is comprehensive and meets the needs of the proposed client. (5-8-09)

13. Crisis Intervention Services. A set of planned activities designed to reduce the risk of life-threatening harm to self or another person. Crisis intervention services include evaluation/assessment, intervention, stabilization, and follow-up planning.

0814. Department. The Idaho Department of Health and Welfare or its designee. The Department is designated as the State Mental Health Authority under Section 39-3124³, Idaho Code. (5-8-09)

09. Emergency. ~~An emergency exists if an adult individual is gravely disabled due to mental illness or there is a substantial risk that physical harm will be inflicted by the proposed client:~~ (5-8-09)

~~a. Upon his own person, as evidenced by threats or attempts to commit suicide or inflict physical harm on himself; or~~ (5-8-09)

~~b. Upon another person, as evidenced by behavior which has caused such harm or which places another person or persons in reasonable fear of sustaining such harm.~~ (5-8-09)

1015. Federal Poverty Guidelines. Guidelines issued annually by the Federal Department of Health and Human Services establishing the poverty income limits. The federal poverty guidelines for the current year may be found at: <http://aspe.hhs.gov/poverty/>. (5-8-09)

116. Functional Impairment. Difficulties that substantially impair or limit role functioning with an individual's basic daily living skills, or functioning in social, family, vocational, or educational contexts including psychiatric, health, medical, financial, and community or legal area, or both. (5-8-09)

011. DEFINITIONS—G THROUGH Z

For the purposes of these rules, the following terms are used as defined below:

1201. Good Cause. A valid and sufficient reason for not complying with the time frame set for submitting a written request for a waiver by an individual who does not receive a criminal history and background check clearance. (7-1-14)

1302. Gravely Disabled. An adult who, as a result of mental illness, is in danger of serious physical harm due to the person's inability to provide for any of his basic needs for nourishment, essential medical care, shelter, or safety. (5-8-09)

1403. Individualized Treatment Plan. A written action plan based on an ~~intake eligibility~~ assessment, that identifies the applicant's clinical needs, the strategy for providing services to meet those needs, treatment goals and objectives, and the criteria for terminating the specified interventions. (5-8-09)

~~15. Intake Eligibility Assessment.~~ The collection of data, analysis, and review that the Department uses to screen and determine whether an applicant is eligible for mental health services available through the Department. (5-8-09)

04. Medication Management. The in depth management of medications for psychiatric disorders for relief of a client's signs and symptoms of mental illness, provided by a physician or mid-level practitioner.

05. Mental Health Crisis. A mental health crisis occurs when a sudden loss of an adult individual's ability to use effective problem-solving and coping skills leads to an imminent risk of harm to self or others, or decompensation to the point of the individual's inability to protect himself or herself.

06. Outpatient Services. Mental health services provided to a client who is not admitted to a psychiatric hospital or in a residential setting.

07. Psychiatric Services. Medically necessary outpatient and inpatient services provided to treat and manage psychiatric disorders.

08. Rehabilitative and Community-Based Services. Skill-building services that foster rehabilitation and recovery provided to client recovering from a mental illness.

09. Residential Care. A setting for the treatment of mental health that provides twenty-four (24) hour per day, seven (7) days a week, living accommodations for clients.

106. Serious Mental Illness (SMI). Means any of the following psychiatric illnesses as defined by the American Psychiatric Association in the ~~Diagnostic and Statistical Manual of Mental Disorders, Text Revision~~

~~(DSM-IV-TR)~~ DSM-5, incorporated in Section 004 of these rules: (5-8-09)

- a. Schizophrenia spectrum and other psychotic disorders; (5-8-09)
- ~~b. — Paranoia and other psychotic disorders;~~ (5-8-09)
- ~~e~~b. Bipolar disorders (mixed, manic and depressive); (5-8-09)
- ~~d~~c. Major depressive disorders (single episode or recurrent); (5-8-09)
- ~~e. — Schizoaffective disorders; and~~ (5-8-09)
- ~~f~~d. Obsessive-compulsive disorders. (5-8-09)

117. Serious and Persistent Mental Illness (SPMI). A primary diagnosis under ~~DSM-IV-TR~~ DSM-5 of Schizophrenia, Schizoaffective Disorder, Bipolar I Disorder, Bipolar II Disorder, Major Depressive Disorder Recurrent Severe, Delusional Disorder, or Psychotic Disorder Not Otherwise Specified (NOS) for a maximum of one hundred twenty (120) days without a conclusive diagnosis. The psychiatric disorder must be of sufficient severity to cause a substantial disturbance in role performance or coping skills in at least two (2) of the following functional areas in the last six (6) months: (5-8-09)

- a. Vocational or educational, or both. (5-8-09)
- b. Financial. (5-8-09)
- c. Social relationships or support, or both. (5-8-09)
- d. Family. (5-8-09)
- e. Basic daily living skills. (5-8-09)
- f. Housing. (5-8-09)
- g. Community or legal, or both. (5-8-09)
- h. Health or medical, or both. (5-8-09)

128. Sliding Fee Scale. A scale used to determine an individual's financial obligation for services based on Federal Poverty Guidelines and found in IDAPA 16.07.01, "Behavioral Health Sliding Fee Schedules." (5-8-09)

139. Substantial Material Change in Circumstances. A substantial and material change in circumstances which renders the Department's decision denying mental health services arbitrary and capricious. (5-8-09)

0142. -- 099. (RESERVED)

100. ACCESSING ADULT MENTAL HEALTH SERVICES.

Adult mental health services may be accessed ~~by eligible applicants—either~~ through an application ~~and request for initial intake eligibility assessment.~~ for services or through a court order for services (5-8-09)

101. ELIGIBILITY SCREENING AND ~~INTAKE ELIGIBILITY~~ MENTAL HEALTH ASSESSMENT.

01. Eligibility Screening. A screening for eligibility for adult mental health services through the Department is based on the eligibility criteria under Section 102 of these rules. If an applicant meets the eligibility criteria, he may be eligible for adult mental health services through the Department. If an applicant does not meet the eligibility criteria, he may be referred to other appropriate services. All applicants are required to complete an

Application for Mental Health Services. If an applicant refuses to complete the Application for Mental Health Services, the Department reserves the right to discontinue the screening process for eligibility. The eligibility screening must be directly related to the applicant's mental illness and level of functioning and will include:

- a. Application for Mental Health Services;
- b. Notice of Privacy Practice; and
- c. Authorization for Disclosure

02. ~~Intake Eligibility~~ Mental Health Assessment. Once a signed application or court order has been received for adult mental health services, the Department will schedule and conduct a mental health assessment. Each mental health assessment will be completed by a Department clinician and will be documented using the Department's Idaho Standard Mental Health Assessment Report. A qualified clinician will complete an intake eligibility assessment on the Department approved form. The intake eligibility assessment and supplemental psychiatric, psychological, or other specialty evaluations and tests must be dated, signed, and retained in the applicant's medical record. The intake eligibility assessment must be directly related to the applicant's mental illness and level of functioning, and will include: (5-8-09)

- ~~a. Application for Mental Health Services, pending document approval; (5-8-09)~~
- ~~b. Notice of Privacy Practice (HW 0320); (5-8-09)~~
- ~~c. Mental Health Client Profile; (5-8-09)~~
- ~~d. Fee Determination Form (HW 0735); (5-8-09)~~
- ~~e. Adult Health History Form (HW 0713); (5-8-09)~~
- ~~f. Family Health History Form (HW 0715); and (5-8-09)~~
- ~~g. Authorization for Disclosure. (5-8-09)~~

102. ELIGIBILITY DETERMINATION.

01. The Department Determines Eligibility for Mental Health Services. The total number of adults who are eligible for mental health services through the Department will be established by the Department. The Department may, in its sole discretion, limit or prioritize mental health services, define eligibility criteria, or establish the number of persons eligible based upon such factors as court-ordered services, availability of funding, the degree of financial need, the degree of clinical need, or other factors. (5-8-09)

02. Eligibility Requirements. To be eligible for mental health services through a voluntary application to the Department, the applicant must: (5-8-09)

- a. Be an adult; and (5-8-09)
- b. Be a resident of the state of Idaho; and (5-8-09)
- c. Have a primary diagnosis of SMI or SPMI; or (5-8-09)
- d. Be determined eligible under the waiver provisions in Section 400 of these rules. (5-8-09)

03. Court-Ordered Assessment, Treatment and Services. The court may order the Department to provide assessment, treatment, and services pursuant to Sections 18-212, 66-329, and 19-2524, Idaho Code.

034. Ineligible Conditions. An applicant who has epilepsy, an intellectual disability, dementia, a

developmental disability, physical disability, or who is aged or impaired by chronic alcoholism or drug abuse, is not eligible for mental health services, unless, in addition to such condition, he has a primary diagnosis of SMI or SPMI or is determined eligible under the waiver provisions in Section 400 of these rules. (5-8-09)

104. EMERGENCY-CRISIS INTERVENTION SERVICES.

Crisis intervention services are available twenty-four (24) hours per day, seven (7) days per week to adults experiencing a mental health crisis as defined under Section 010 of these rules. Crisis intervention services include evaluation/assessment, intervention, stabilization, and follow-up planning

01. Determination of the Need for Emergency-Crisis Intervention Services. ~~At an applicant's first visit, and prior to making a final determination of eligibility, the Department will~~ The Department will assess an adult experiencing a mental health crisis to determine whether ~~an applicant needs~~ services are needed to alleviate ~~the crisis an emergency as defined under Section 010 of these rules.~~ (5-8-09)

02. Identification of the Emergency-Crisis Intervention Services Needed. If emergency crisis intervention services are clinically necessary, as determined by the Department, the Department will:

a. ~~Identify the emergency services that are consistent with the applicant's needs and the preliminary findings of the intake eligibility assessment or subsequent assessments~~ needed to stabilize the crisis : (5-8-09)

ab. Arrange for the provision of the emergency crisis intervention services; and (5-8-09)

bc. Document in the ~~applicant's~~ individual's record the emergency crisis services that are to be provided to the ~~applicant~~ individual. (5-8-09)

03. Immediate Intervention. If the Department determines that ~~an emergency~~ a mental health crisis exists necessitating immediate intervention, ~~emergency or~~ crisis services will be arranged immediately. (5-8-09)

105. NOTICE OF DECISION ON ELIGIBILITY.

01. Notification of Eligibility Determination. Within fourteen (14) calendar days, ~~ten (10) business days~~ of ~~a~~ receiving a ~~completed intake eligibility assessment~~ signed application, the Department will notify the applicant or the applicant's designated representative in writing of its eligibility determination. The written notice will include: (5-8-09)

a. The applicant's name and identifying information; (5-8-09)

b. A statement of the decision; (5-8-09)

c. A concise statement of the reasons for the decision; and (5-8-09)

d. The process for pursuing an administrative appeal regarding eligibility determinations. (5-8-09)

02. Right to Accept or Reject Mental Health Services. If the Department determines that an applicant is eligible for mental health services through the Department, an individual has the right to accept or reject mental health services offered by the Department, unless imposed by law or court order. (5-8-09)

03. Reapplication for Mental Health Services. If the Department determines that an applicant is not eligible for mental health services through the Department, the applicant may reapply after six (6) months or at any time upon a showing of a substantial material change in circumstances. (5-8-09)

120. CLIENT'S RIGHTS AND RESPONSIBILITIES

Each individual receiving adult mental health services through the Department must be notified of his rights and

responsibilities prior to the delivery of adult mental health services.

01. Client to Be Informed of Rights and Responsibilities. The Department must inform each client of his rights and responsibilities. Each client must be given a written statement of client rights and responsibilities, which includes who the client may contact with questions, concerns or complaints regarding services provided.

02. Content of Clients' Rights. The Department must assure and protect the fundamental human, civil, constitutional and statutory rights of each client. The written client rights statement must, at a minimum, address the following:

- a. The right to impartial access to treatment and services, regardless of race, creed, color, religion, gender, national origin, age, or disability;
- b. The right to a humane treatment environment that ensures protection from harm, provides privacy to as great a degree as possible with regard to personal needs and promotes respect and dignity for each individual;
- c. The right to communication in a language and format understandable to the individual;
- d. The right to be free from mental, physical, sexual and verbal abuse, neglect, and exploitation;
- e. The right to receive services within the least restrictive environment possible;
- f. The right to an individualized treatment plan, based on assessment of current needs;
- g. The right to actively participate in planning for treatment and recovery support services;
- h. The right to have access to information contained in one's record, unless access to particular identified items of information is specifically restricted for that individual client for clear treatment reasons in the client's treatment plan;
- i. The right to confidentiality of records and the right to be informed of the conditions under which information can be disclosed without the individual's consent;
- j. The right to refuse to take medication unless a court of law has determined the client lacks capacity to make decisions about medications and is an imminent danger to self or others;
- k. The right to be free from restraint or seclusion unless there is imminent risk of physical harm to self or others;
- l. The right to refuse to participate in any research project without compromising access to program services;
- m. The right to exercise rights without reprisal in any form including the ability to continue services with uncompromised access;
- n. The right to have the opportunity to consult with independent specialists or legal counsel, at one's own expense;
- o. The right to be informed in advance of the reason(s) for discontinuance of service provision, and to be involved in planning for the consequences of that event;
- p. The right to receive an explanation of the reasons for denial of service.

1067. -- 199. (RESERVED)

200. INDIVIDUALIZED TREATMENT PLAN ~~AND SELECTION OF SERVICE PROVIDERS.~~

The Department will prepare an individualized treatment plan for every client that addresses the mental health effects on the major life areas and is based on an assessment of the client's mental health needs. (5-8-09)

01. Individualized Treatment Plan. Overall responsibility for development and implementation of the plan will be assigned to a qualified ~~professional staff member~~ clinician. A detailed individualized treatment plan will be developed within thirty (30) calendar days ~~following from the date of~~ the Department's eligibility determination ~~or that an applicant is eligible for mental health services through the Department. The individualized treatment plan will include the following:~~ date of any court order for services. (5-8-09)

- ~~a. The services clinically necessary to meet the client's mental health needs;~~ (5-8-09)
- ~~b. Referrals for needed services not provided under these rules;~~ (5-8-09)
- ~~c. Goals that the client is to achieve;~~ (5-8-09)
- ~~d. Specific objectives that relate to the goals, written in measurable terms, with expected achievement dates;~~ (5-8-09)
- ~~e. Frequency of services;~~ (5-8-09)
- ~~f. Specific criteria to be met for discharge from treatment; and~~ (5-8-09)
- ~~g. A specific plan for including the family or significant others.~~ (5-8-09)

~~**02. Selection of Providers.** Within five (5) days of completing the individualized treatment plan, the clinical team will identify and select service providers most appropriate to meet the client's mental health needs. The case manager will promptly contact the identified providers to determine their ability to serve the client.~~ (5-8-09)

02. Individualized Treatment Plan Requirements. The individualized treatment plan must include the following:

- a. The services deemed necessary to meet the client's mental health needs;
- b. A prioritized list of problems and needs;
- c. Referrals for needed services not provided by the program;
- d. Goals that are based on the client's unique strengths, preferences and need;
- e. Specific objectives that relate to the goals, written in simple, measurable, attainable, realistic terms with expected achievement dates;
- f. Interventions that describe the kinds of services, frequency of services, activities, supports and resources the client needs to achieve short-term changes described in the objectives;
- g. The goals and objectives must be individualized and must reflect the choices of the client;
- h. Documentation of who participated in the development of the individualized treatment plan;
- i. The client or legal guardian must sign the treatment plan indicating their agreement with service needs identified and their participation in its development. If these signatures indicating participation in the development of the treatment plan are not obtained, then it must be documented in the client's record the reason the signatures were not obtained, including the

reason for the client's refusal to sign. A copy of the treatment plan must be given to the client and legal guardian.

ii. The treatment plan must be based on the findings of the assessment process.

i. Specific plan for including the family or significant others;

j. Discharge criteria and aftercare plans.

03. One Hundred Twenty Day Review. Treatment plans are to be reviewed with the client and updated as needed at least every one hundred twenty (120) days.

a. The treatment plan review must assess and process the status, applicability, obstacles, and possible solutions of the client's goals, objectives, interventions, and timeframes of the treatment plan.

b. Treatment plans for medication management only clients are not subject to a one hundred twenty (120) day review.

04. Treatment Plan Renewals. A new treatment plan will be developed with the client every twelve (12) months.

201. -- 299. (RESERVED)

300. FINANCIAL RESPONSIBILITY FOR MENTAL HEALTH SERVICES.

Individuals receiving adult mental health services through the Department are responsible for paying for the services ~~provided they receive. Individuals must complete a "Fee Determination Form" prior to the delivery of adult mental health services.~~ The financial responsibility for each service will be ~~in accordance with~~ based on the individual's ability to pay as determined under ~~Sections 300 and 400 of~~ IDAPA 16.07.01, "Behavioral Health Sliding Fee Schedules." (5-8-09)

301. ADULT MENTAL HEALTH SERVICES

The Department is the lead agency in establishing and coordinating community supports, services and treatment for adults eligible for services under Section 102 of these rules. The following services, as defined under Section 010 of these rules are provided by or arranged for the delivery of by the behavioral health center in each region:

01. Assessment

02. Assertive Community Services

03. Case Management

04. Crisis Intervention

05. Medication Management

06. Psychiatric Services

07. Outpatient Services

08. Rehabilitative and Community-Based Services

09. Residential Care

301². -- 399. (RESERVED)